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A New Measuring Rod

Do you enjoy reading a thoroughly provocative article with which you may not entirely agree? If you do, you should turn to the January issue of *The American Journal of Nursing* and take a good long look at "Nursing Service Measured by Social Needs". The author is Michael P. Davis, a doctor of philosophy but not a physician, who is now chairman of the Committee on Research in Medical Economics and is an eminent authority in his chosen field.

By way of introduction to a closer study of the original article, this rather bald summary of its principal points may be found useful. It should be remembered that Dr. Davis refers *exclusively* to conditions in the United States. Here are his main findings, all of which are well documented:

1. In the United States, an immense amount of effort has been devoted by nursing organizations toward devising and using measures of quality of nursing education and nursing service. But a comparable amount of attention has not been given to studies of nursing service in terms of social need.

2. In the United States, of all sick people who need skilled nursing service, less than half are able to pay for it. More than one-half of the nursing profession is engaged in caring for about one-tenth of all cases of illness.

3. In the United States, about 40 percent of private duty nurses earn small and insecure incomes and are employed only about half of their time, even though there is great need for the service they have to offer.

4. In the United States, registries for private duty nurses are not as closely co-ordinated as they ought to be with public health and visiting nursing organizations.

5. In the United States, hourly nursing in the homes of people able to pay has not been developed nearly to the extent that it might be.

6. In the United States, detailed information is lacking regarding the geographical distribution of nurses. The de-

cennial census, made by the Federal Government, lumps all services together and does not tell in what special field the nurses are engaged. The nursing organizations of the respective States should make an annual analysis of the distribution of nurses within their borders and the information thus obtained should be collected by the American Nurses Association.

7. Dr. Davis contends that nurses themselves should measure the quality and extent of their service in terms of social need. He is of the opinion, however, that nurses may not be able to perform this task without the aid and possibly the direction, of other groups.

Now what has all this to do with Canada? More perhaps than is apparent at the first glance. For some years the Registered Nurses Association of Ontario has been taking an active part in a field survey of the adequacy of nursing service in Ontario. At its forthcoming annual meeting an entire session will be devoted to a symposium on the general subject of "How may we provide nursing service for all who require it?" The topics are decidedly significant and include: (1) The nursing needs of the community; (2) the preparation of the nurse for the service that is needed from her; (3) the organization of registries so that they will supply the nursing service needed by the community. This discussion promises to be far from academic and will be founded on reliable information obtained at first hand, mostly by nurses themselves.

Because one far-sighted and progressive Provincial Association in Canada is taking this forward step, have we then the right to be smug and self-satisfied? That remains to be seen. Just what the symposium may reveal we do not know but in any case we ought to have the courage to use a new measuring rod. To quote Dr. Davis once more: *A profession will stand in public esteem according as it meets effectively the public demand for its services.*

E. J.

GROWING OR SWELLING?

The following excerpt is taken from "As I saw it", a series of articles by Edith Bolling Wilson, currently appearing in *The Saturday Evening Post*:

A nurse can make or mar a house of sickness, and in Miss X we were fortunate in having one of the most efficient nurses I have ever known. She was with us nearly two years. Other nurses came and went, but the memory of the ministrations of Miss X stands out in sharp contrast to some of the others, whose pretensions were monstrous. They recalled what has been said of people who come as new officials to Washington: they either grow or swell. By normal standards these were petty annoyances, but a house of sickness cannot be judged by normal standards, as everyone knows who has been through the experience.

Collapse Therapy in Tuberculosis

H. M. Meltzer, *M.D.*, *and* Jean Houston, *Reg. N.*

Medical science is advancing on many fronts and well in the forefront is thoracic surgery, which little known or even heard of fifteen years ago, to-days leads the field of surgical specialties. Only one sphere of this branch of surgery will be touched upon and that is the surgery of pulmonary tuberculosis.

Pneumothorax is included under the heading of surgical collapse of the lungs and is a very important therapeutic measure in combatting pulmonary tuberculosis. Associated with pneumothorax treatment is the cutting of pleural adhesions, known as intrapleural pneumolysis. Another form, included under surgical collapse, is that of phrenic nerve interruption, by means of which paralysis of half of the diaphragm is obtained. Experience has limited the indications for this operation so that it is now used much less frequently than formerly.

The third and main topic for discussion is the surgical collapse of the lung by removal of portions of ribs on the involved side, the operation known as thoracoplasty. It was first suggested as early as 1885, but not used to any degree until the early years of the twentieth century on the European continent by Breuer, Freidrich, and later by Wilms and Sauerbruch. In America, Dr. Edward Archibald of Montreal, performed the first thoracoplasty in 1912. In Manitoba the first operation was performed in 1922 by Dr. Mann. The early operations were performed on very chronic, sometimes hopeless cases and the results, as would be expected, were often discouraging. At present the ideal case has unilateral caseous pneumonic tuberculosis, preferably chronic but subacute or even acute, where pneumothorax has failed. Bilateral disease is not always a contra-indication, providing the disease in the better lung is limited and retrogressive or at least stationary for three to six months, or under control by pneumothorax. Tuberculous empyemata—which persist and do not respond to conservative measures over a period of time—constitute a third group for thoracoplasty.

At first the idea was to remove a small segment posteriorly of each rib, from the first to the eleventh ribs inclusive. This was performed at one operation, and even with small segments removed the operation mortality was very high. Sauerbruch modified the operation by removing slightly longer lengths posteriorly, including the angle of the ribs. Gradually it was realized that doing the same operation in two stages was safer and less liable to result in a mortality, but even with this change the number of people who died after operation was still too great to allow the procedure to gain popularity.

Not until 1932 did several American surgeons advocate doing the operation in smaller stages, but removing greater lengths of each rib. Doing less at each stage meant, of course, three or four operations for some, but the mortality rates were reduced appreciably. In some centres the early operative mortality rate is as low as 4 to 5 percent. This is a very creditable showing. One must not lose sight of the fact that the subjects for operation are often quite ill, and many have been ailing for a number of years, thus placing a serious drain on all their vital organs.

Another change was the realization that a limited number of ribs removed at the top would suffice for apical disease and today it is only rarely that more than eight ribs are removed even for gross apical lesions, except where disease is hilar or basal, or where an empyema space is to be obliterated. Lengths of rib removed vary according to the size of the individual, being anywhere from five to eleven inches. Where cavities are very large, the anterior ends of the ribs are often removed at a separate operation called anterior thoracoplasty.

The separate operations or stages are performed three to four weeks apart. All operations here are done under local anaesthesia, using half of one percent solution of novocaine. The advantages of local over inhalation anaesthesia is first the lessening of pulmonary complication such as post-operative atelectasis and pneumonia, and tuberculous spreads. Second, the almost complete eradication of operative shock through care in handling the tissues, preventing undue or unnecessary bleeding, and stopping the operation temporarily at the first signs of blood pressure drop.

One detail that may mean the difference between recovery or not is the prevention of bronchial obstruction, resulting in atelectasis and, if unrecognized, in pneumonia. It is easy for thick sputum to act as a plug in a bronchus. Patients after operation, with considerable pain, prefer not to cough and thus aggravate this tendency to blockage. We try to prevent this occurrence first by urging the patient to raise sputum when any is felt, and second by inhalation of CO_2 and O_2, thus stimulating deeper respirations and cough. Following the completion of the operations a special brace is fitted to retain the collapse until the ribs regenerate.

From April, 1935, to September, 1938, at the Manitoba Sanatorium, Ninette, 103 people have had thoracoplasties. On these 103 patients a total of 310 operations have been necessary with only three operative deaths, that is slightly less than one per cent of the total number of operations, or 2.9 percent of the individuals. Of those completed, 75 percent have excellent clinical results with persistently negative sputum. Another 15 percent are clinically much improved but still have occasional positive sputum. In other words 90 percent are greatly improved by the operation. 36 percent of the cases operated upon since 1935, that is in three years, have been discharged well to their homes to carry on for a further period of cure at home, and gradually to resume their activities and occupations.

The post-operative nursing care of the thoracoplasty patient is of great importance if we are to get good results and reduce mortality. Two day nurses and one night nurse are assigned to the care of five post-operative patients, all in single rooms. A sterile preparation is done in the late afternoon before operation and a cleansing enema is given at bed-time. No breakfast is allowed but three ounces of orange juice is given one and one-half hours before going to the operating room. Sedatives are given as ordered.

The patient is encouraged to raise as much sputum as possible before going to the operating room. This removes sputum from the bronchial tree, which may have collected over night, and helps to prevent bronchial obstruction. As the patient is operated on under local anaesthesia the cough reflex is not eliminated, and if there is coughing during the operation there is less danger that sputum might be aspirated into the other lung.

On return from the operating room the patient lies flat with a small head rest, and the foot of the bed elevated

A view, taken from the air, of the Manitoba Sanatorium, Ninette

for eight or nine hours to counteract tendency to shock, unless the patient has difficulty in breathing. Intravenous fluids, usually 1,000 cubic centimeters of normal saline and glucose 5 percent, are given, and nothing is allowed by mouth for four to six hours. Oxygen and carbon dioxide is given by nasal catheter and periodically by mask for three or four days. The carbon dioxide stimulates deeper respirations and cough which keep the bronchi free from sputum. As it is painful for the patient to cough the nurse holds the operated side while the patient is coughing. This gives support to the chest, relieves the pain, and encourages the patient to expel sputum.

During rest hours, after the second or third day, the patient is turned on the operated side to prevent aspirating sputum into the good lung. A small firm pillow, twelve by eighteen inches in size, is placed below the axilla. This helps the collapse of the chest and prevents deformity by keeping the spine straight. On the third day the nurse starts movement of the arm to prevent limitation of movement. As the movement of the arm is painful it has to be done carefully and the patient's co-operation is necessary. Weights in the form of a small bag containing shot and weighing three pounds to start with, and increasing in weight to ten pounds are used to help collapse the chest wall.

As the patient will have two to four operations an effort is made to build up his strength and increase his weight between stages. Special diet is arranged for and the dietitian plans the diet daily. Iron capsules are given to bring the blood count to normal. Sedatives after operation are given very sparingly when necessary for pain. At the end of the first week the head of the bed may be elevated at meal hours and full bed-care is continued for two weeks when the patient may be allowed to sit up in a chair for five minutes, unless there is some contraindication.

In the nursing care three points are emphasized: keeping the air passages clear of sputum, doing all that is possible to prevent deformity of the spine, and retaining the maximum collapse of the chest wall by means of a special brace and weights.

Under Heaven, One Family

MAISIE K. MILLER

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Miss Kathleen I. Sanderson, convener of the Nightingale Memorial Scholarship and Endowment Fund Committee of the Canadian Nurses Association, has written this foreword to Miss Miller's article: "The months hurry past, each one adding slowly but surely to the Fund. The provincial conveners write of their ups and downs, but always with a confidence which is infectious, and so with that confidence we go forward to attain our 1939 objective. Miss Miller's account of her experience abroad is in itself a striking proof of the value of the scholarships which this Fund makes available to Canadian nurses."

It was indeed a glorious surprise for me, when, on my birthday, I received a letter from the Executive Secretary of the Canadian Nurses Association telling me that I had been awarded the Florence Nightingale International Scholarship which would entitle me to a year's work at Bedford College and the College of Nursing in London. It was exciting to make plans, and I am afraid my mind was not always on the things which should have been attended to, but rather on the many things I hoped to do and see .However, the day finally arrived when I sailed from Montreal, and reaching London became one of a group of twenty-one students from thirteen different countries.

It took some time for us to get used to each other's manners and customs but we soon realized that the motto in the Chinese room—"Under heaven, one family"—is one which might well be placed at the entrance to 15 Manchester Square, for we felt that not only within our own group, but also among the many former students, we were indeed as one family, under the kindly guidance of "our Miss Dorsey". It is with deep regret that we have heard of her resignation, and that coming students will no longer find her at International House, ready to advise them and keen to hear about some new adventure. We wish her all happiness in the future.

We had many things in common, chief of which was the desire to acquire new knowledge and ideas from our contact with different hospitals, and with nurses from other lands. It was a broadening experience, and after seeing what has been done by nursing associations in other countries and under many difficulties, I feel that a great deal could be done in Canada if each of us had a little more courage and put forth a little more effort.

During the first month we were given the privilege of spending some time in hospitals, and I was fortunate in being assigned to St. Charles, which was at one time a "Poor Law Infirmary" and is now under the control of the London County Council. I also had the privilege of spending some time at St. Thomas's Hospital where, through the influence of Florence Nightingale, the first real school of nursing was organized. In both these hospitals we were most cordially received, and given many

Stockholm at night

opportunities to compare the work done in government and voluntary hospitals. On the twelfth of May, our group of students was invited to attend a Commemoration Service held in honour of Florence Nightingale in the Chapel at St. Thomas's Hospital, when the Archbishop of Canterbury preached a most inspiring sermon.

Early in October, our lectures began at Bedford College, which is situated in Regent's Park, and also at the College of Nursing. As a student in hospital administration, I took lectures in hospital and training school administration, teaching methods, sociology, ethical principles, psychology, history of nursing, and psychiatry. Our social studies included excursions to public assistance institutions, public health centres, and some of the slum areas of London. We were taken to new blocks of flats into which slum dwellers are gradually being transferred, not always without opposition on the part of those who have spent their lives in squalor and misery. Our group visited most of the large hospitals, including the London, Guy's, Middlesex, University College, and St. Bartholomew's, the latter having been founded early in the twelfth century.

Then we made several out-of-town excursions, including one to Papworth Village Settlement near Cambridge—a colony of about eleven hundred inhabitants, where there is a sanitorium for patients with active tuberculosis, and also a village, entirely self-supporting, with churches and schools and such industries as the manufacturing of furniture and leather goods. A residence was being built, through voluntary contributions, for nurses who had had tuberculosis and who are no longer able to carry on with their profession. This wonderful work for the rehabilitation of those who, at one time seemed to have no future, has been done since the Great War.

We also visited an Orthopedic Hospital at Alton, in Hampshire, where not only are there bed-patients, but a school is also kept up where crippled boys between the ages of 14 and 16 are able to learn a trade and become self-supporting. Later in the year we visited schools for the blind, for the deaf and dumb, for the mentally deficient, and colonies where those suffering from epilepsy are segregated.

Discussions were held once a week, and these afforded us an opportunity of

talking over nursing problems and conditions in our different countries. Our week-ends were free, and most of these were spent in visiting historic spots in London and the English countryside. We witnessed the Parade to the State opening of Parliament, the Lord Mayor's Show, the Trooping of the Colours, the Aldershott Tattoo, and attended the Armistice service at the Cenotaph. During the year I visited a great number of cathedrals and churches, and although the cathedrals are magnificent and fill one with awe—to me the little parish churches in the country, tucked away among the yew trees were most beautiful. This is especially true of the Fairford Parish Church in Gloucestershire, whose stained glass windows are famous throughout England. Oxford, Cambridge, Windsor and Eton were visited, and we even spent a day at Ascot.

One of the most delightful excursions was a day spent at Winchester and at Embley Park. At Winchester we wandered about the Cathedral, the School, and also the Hospital at St. Cross, which is not a hospital as we understand the term, but rather a home for pensioned professional and lay men. Here from early times the "way-farer's dole", consisting of a piece of bread and a mug of beer, is given to anyone who seeks it. Embley Park is the beautiful estate where Florence Nightingale spent her girlhood, and during the summer the gardens are open to the public for a small admission fee, the proceeds being given to the "Queen's Nurses," a visiting nursing organization which corresponds to our Victorian Order. We spent a short time at East Wellow where, in the churchyard of St. Margaret's, Florence Nightingale is buried. Her grave is marked by a simple stone bearing only her initials and the date of her birth

We had two weeks vacation at Christmas, and on Christmas Eve were dinner guests of the British "Old Internationals." A few days before Christmas we attended a Nativity Play at St. Martin's in the Fields and sat very near the Queen, Queen Mary, and the two princesses. I spent several days in the south of England and visited Lewes, Beachy Head, Pevensey and the scene of the Battle of Hastings, which took one back to school days and the dates of important events in British history.

During the Easter vacation, we were expected to do field-work, so in the company of the student from India I spent five weeks on the Continent. In Brussels, we spent some time at the new University school of St. Pierre, and in the Hospital built in memory of Edith Cavell and Madame Depage, the wife of a Belgian surgeon. We then went to Amsterdam, Utrecht and The Hague. In the latter city, as we were hurrying to catch a train, we were accosted by a young lad selling Dutch papers of all descriptions. Although we had not spoken he turned to us and called out "London Times, ladies!" This incident shows how even small children in other lands acquire the knowledge of the English language, and in all the countries we visited we had no difficulty in making ourselves understood. Needless to say we bought "The Times"!!

In Berlin we were guests at a Matron's School, where post-graduate courses are given in hospital administration. We were greatly interested in the social service organizations and in the work being done for the health of coming generations through the care now given to mothers and children. In Copenhagen, as guests of the Danish Nurses Association, we visited several municipal hospitals and saw the great advance made in nursing in the Scandinavian countries, both in the adoption of an eight-hour-day and in state pensions for nurses.

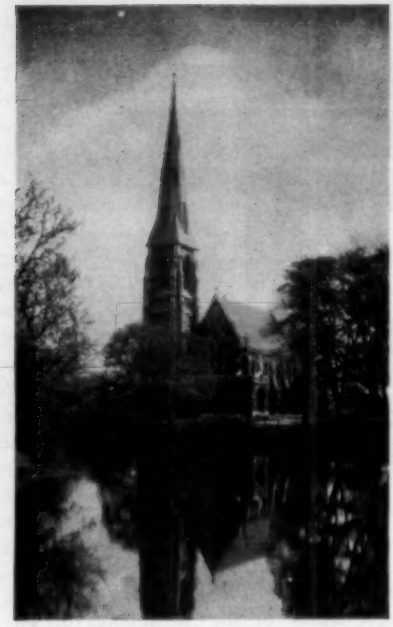
The Brandenburger Tor, Berlin

In Finland, much has been done both in the equipment of hospitals, which are most modern and up-to-date, and in nursing which has developed rapidly during the past twenty years. There are central preliminary schools from which, after six months, students are allocated to different hospitals. Graduates who accept institutional positions must have at least three months training in ward administration in the Post-Graduate school at Helsinki. A great deal of this advance is credited to Miss Pohjala, a member of Parliament who is also a graduate nurse.

We spent Easter in Stockholm, at the Headquarters of the Swedish Nurses Association, and saw both Red Cross and private hospitals, also the new Radium Institute around which a new medical centre is being very rapidly built up. All training schools are under government supervision and although there are no state examinations, all schools have to be approved and inspected by a government medical Board. The Sophiahemmet is a private hospital, built through the efforts of the late Queen Sophia, and is still under Royal patronage. Many of the furnishings of the nurses' home have been sent from the Palace.

I shall never forget the hospitality shown to us by everyone. We were entertained by Nurses Associations, doctors, "Old Internationals," and by the families of students in our group. We were taken to points of interest such as the Rembrandt Gallery in Amsterdam, the Pergamon Museum, and the opera in Berlin, the palace of Sans Souci in Potsdam, the Parliament Buildings in Copenhagen and Helsinki, and Kronberg Castle at Elsinore, famous in Shakespeare's "Hamlet." At Drottingholm in Sweden, we saw one of the oldest theatres on the European continent, and at Skansen, an open-air museum where cottages have been set up which are typical of different parts of Sweden.

The "Old Internationals" in every country made us feel that the Chinese motto was quite true for never did we feel like strangers in a strange land!



Church at Copenhagen built by Queen Alexandra of England

We returned to England the last week in April, and worked very diligently until the middle of June even though the thought of the English countryside made us feel that we wanted to spend more time exploring its beauty. Then during the International Red Cross Conference we were guests of His Majesty's Government at a reception for Red Cross delegates at the London Museum, and also of the City of London at the Guildhall.

Our certificates were presented to us on the last day of June, and I spent the following ten days at the Royal Infirmary and the Hospital for Sick Children in Glasgow. I visited the Exhibition, took a trip through the Trossachs, and spent two days in the beautiful city of Edinburgh. Returning to London, I went to the Hospital for Sick Children at Great Ormond Street. New buildings had just been completed and are very modern. We left London toward the latter part of July, and although partings are always sad, we were happy to be returning home.

We all felt that our year had been very worth-while, and hoped that in return for what had been given to us, we perhaps, might be able to make some contribution to the work that has already been done toward improving nursing conditions, and to strengthen the bonds of friendship among nurses and others in different lands. There seems to be much that I have not told you, but you will have at least had a glimpse of the many things I have stored away in my memory. J. M. Barrie has written that "memory has been given to us that we might have roses in December", and if that is so, the memories of those who are fortunate enough to spend such a year as I have just completed should bring much happiness in the future.

ON BEING WRONG

Next to being right in this world, the best of all things is to be clearly and definitely wrong; because you will come out somewhere. If you go buzzing about between right and wrong, vibrating and fluctuating, you come out nowhere; but if you are absolutely and thoroughly and persistently wrong, you must some of these days have the extreme good fortune of knocking your head against a fact and that sets you all right again.

T. H. Huxley.

A New Deal for Nurses

England is looked upon, quite reasonably, as the birth-place of modern nursing and yet, in spite of this fact, strangely little has been written by English nurses on the subject of their professional work. But now the silence has been broken by this book called "A New Deal for Nurses" from the pen of Miss G. B. Carter, a state registered nurse who has been actively engaged of late years in a responsible post in connection with the activities of the Midwives Institute. The author speaks from intensive and extensive experience with patients (equally divided between hospital and home) and hence with a long and intimate knowledge of the nursing care that is needed in the community, and of the nurses that are giving this care. It is quite evident that the interest of the patient is the primary consideration with this writer.

Following the statements just made, it will be understood that the appearance of this book has rather unusual significance. English nurses will have the primary right to acknowledge their debt to the author, but nurses from other English-speaking countries will claim some share in the privilege of expressing this gratitude. This reviewer who happens to be working with what England would call post-certificate students, makes very grateful acknowledgment of a new volume to add to the poverty-stricken appearance of certain of our library shelves. It would be indeed an ungracious professional group that failed to give thanks to Miss Carter.

The reader is happy to find that it is nursing—not the nurse—that is the real concern of the author and the actual topic of her book. As we have already said, it is the thought of the patient that colours the whole of the discussion. Let the writer speak for herself.

> We think that in the haphazard growth of the hospital system and the nursing services, the patient and his needs have got somewhat lost sight of and the nurses have become burdened with numerous duties which should not be theirs.
>
> In the following pages we . . . . outline suggestions that we believe might lead to reforms which would give the public the services it needs and let us sleep in peace without the disquieting thought of patients unnursed or partly nursed.
>
> These conditions . . . destroy compassion and end in frustration of the spirit of service.
>
> The needs of the hospital—not necessarily the true welfare of the patients or the best interest of the nurses—came to be paramount.
>
> The fact is that a classification of patients according to their needs for nursing services is as urgent and as overdue as a survey of the tasks which have to be performed for them.
>
> The necessity to get the work done leads to a neglect of the finer parts of nursing. . . . This is demoralising to sensitive and thoughtful young women, and destroys the sense of vocation which the system is said to require.
>
> A nurse can never get away from the categorical imperative to strive for the good of her patient.

Why then the title? With an author presenting a critical analysis such as this, the selection cannot be attributed to mere accident: on the contrary, the choice must have been deliberate. Apparently Miss Carter is convinced that the present conditions under which nurses are trying to do their work form the primary obstacle to a supply of good nurses and of good nursing, and that a thorough and honest re-organization

of these conditions must come if service is to be made adequate.

The content of the book may be divided into three main lines of argument. (1) A criticism of the condition in which nursing finds itself to-day; (2) the influences that are given as the cause for this condition; (3) recommendation for change in order to improve the conditions under which nurses work, and to improve the work itself.

First then, the book is critical, extremely critical, of present nursing conditions. These conditions are analysed so closely that nothing is omitted, but the manner of criticizing disarms resentment. It is just a quiet, straight-forward statement of one fact after another, a statement which gives evidence of much understanding and sympathy and which never becomes merely an attack. It must be noted that the writer gives credit for good work that is being done now, and for progress that has been made, but obviously the purpose of the book is to describe the nursing situation in general, as the author sees it, and not to allow this to be obscured by the happier condition of the favoured few. Possibly there are some persons who cannot face discomforting statements and who will read, therefore, with closed minds. Other readers will bring a fine sense of inquiry to these pages, and seek to follow the author, first, to hear her criticism and secondly, to examine it dispassionately and hopefully.

In tracing the causes for that which is considered to be the very unsatisfactory condition of the present nursing services, many different influences are said to have contributed. Some from the past, some very much in the present; some from without the professional group, some from within; some wilfully selfish, some from an uncritical sense of devotion to a past which these devotees would fain believe is the present; some that nurses themselves must correct, and others which can follow only upon action from the public—but action to which the public must be led by a strongly united professional group.

Finally come the recommendations for change. These divide sharply into suggestion for change in nursing training and suggestions for change in nursing services. In the first of these, reform and revolution seem to have gone to the extremest limit! A nursing *school* is proposed! Undoubtedly the suggestion will bring an intense reaction from many readers, some because of their antagonism to it, some because of their longing for it.

The recommendations for change in service gather around a central theme of the need of the community for more than one grade of nurse to perform its services. There is a strong plea for unity in the nursing profession, and then for concerted action to give the country that which it seems to need. It is impossible, at this moment, to enter into argument concerning the recommendations for "grade A" and "grade B" nurses, or the matter of how far legislation is to be urged, or permitted, to control the workers that we wish to employ in our own homes. It is enough to say that most thoughtful women realize that we have a nursing situation on our hands today that calls for new forms of service, and that we shall need the most open-minded intelligence and patience and wisdom in the treatment of our professional problems. This reviewer would prophesy that Miss Carter would be one of the first to modify, or expand, or develop, her original suggestions according to need as progress is made.

"A New Deal for Nurses" does not make altogether easy reading. The style seems uneven, and there are signs of hurried work. It is difficult, also, for an

outsider to understand the reason for the arrangement of the sections into which the text is divided. On the other hand there are startlingly fine bits of work.

It seems to us, as we read, that the attitude of English nurses to this book will be a matter of rather great importance to nurses in other countries. As England has led in the past, she cannot avoid some rather special responsibility at present. *Noblesse oblige*. Will the English nurses respond, or will they sell their birthright for the mess of complacency that is said to be so dear to some of the professional group? We continue to believe that this latter is an unjust accusation and to trust that our professional sisters in England will give the leadership that is sought from them. We advise Canadian nurses to read this book of Miss Carter's and, while reading, to consider the beam that blurs the Canadian eye.

One further remark must be made. It is delightful to find throughout the whole book that great emphasis is laid upon the health (and public health) responsibilities of all nurses.

Editor's Note:

The author of this review has asked that it be published anonymously. The full title of the book is "A New Deal for Nurses", by G. B. Carter, B.Sc. (Econ.) S.R.N., S.C.M., published by Victor Gollancz Ltd., London, 1939. Price, five shillings.

Introducing Margaret Kerr

Perhaps the most apt introduction which could be given to Margaret Edith Kerr is to use the time worn cliché—"she needs no introduction". No one who has ever worked or played with her fails to realize that she impinges, which is another way of saying that she is a vivid and forceful personality with a definite flair for organization. Fortunately she has ample scope for these gifts in her present capacity as chairman of the Public Health Section of the Canadian Nurses Association. It will be interesting to watch what use she makes of this opportunity for constructive leadership.

Margaret Kerr comes of Scottish and Irish ancestry, and was born in Am-

herst, Ontario. She went to school in her native Province and later qualified as a teacher at the Normal School in Vancouver. Subsequently, she taught school for two years in Kaslo, British Columbia, an experience which has proved to be an excellent background for the work she is now doing.

When we first made Margaret Kerr's acquaintance she was a student, taking the combined course in Applied Science and Nursing offered by the University of British Columbia and the School of Nursing of the Vancouver General Hospital. We happened to be the first director of this enterprise and the fact that it survived at all during the first stormy years is due in a large measure to students like Margaret Kerr who had the vision, the courage, and the endurance to see it through.

After serving as school nurse at Nanaimo for two years, Miss Kerr was the recipient of a Rockefeller Foundation scholarship which enabled her to undertake post-graduate study and observation in the United States. During that time she obtained the degree of Master of Arts from Columbia University. She is now instructor in the Department of Nursing and Health in the University of British Columbia and describes her duties thus:

> Instructing future public health nurses in the principles of public health nursing; methods in health teaching; child hygiene; first aid. I also give a course in the social implications of preventive medicine to the students who are working for the social service diploma. This, I think, is a valuable tie-up.

Margaret Kerr is a woman of many interests. She likes a good game of bridge and gets a lot of pleasure out of driving a car. It is perhaps in music that she finds her deepest satisfaction, and when next you meet her ask her to sing the "Christopher Robin" songs for you.

E. J.

DON'T MISS THE NEXT ONE!

MARY THOMPSON

Supervisor, Obstetrical Department,
Ottawa Civic Hospital

Have you ever attended a Refresher Course? If not, don't miss the next one, that is if you can get a seat! The week passed all too quickly for the sixty nurses who attended the splendidly arranged refresher course in obstetrics sponsored by the School of Nursing, University of Toronto. Many applicants were doomed to disappointment as sixty is as many as can be handled at one time. I understand the course is to be repeated next year, however. Private duty nurses, public health nurses, nurses from Red Cross Outposts, supervisors and teachers in schools of nursing were all represented and lively discussions followed the intensely interesting papers which dealt with every phase of obstetrics. The course was planned at the request of the Ontario Red Cross for the benefit of their nurses in the Outposts, who meet with such terrifying experiences, and in spite of which have such an enviable record. Can you imagine any-

thing worse than being left high and dry with an arrested breech delivery—and no doctor within thirty miles?

Dr. W. A. Scott, Professor of Gynaecology and Obstetrics, University of Toronto, discussed hemorrhage from every possible angle, leaving with us some very useful procedures which might be followed in an emergency. Dr. Scott also outlined prenatal care, emphasizing the importance of observation of the expectant mother early in her pregnancy and impressing upon her the necessity of frequent visits. Abortion and prophylaxis of infection were very thoroughly treated by Dr. H. B. Van Wyck, assistant professor of gynaecology and obstetrics, University of Toronto. Among other topics most ably presented were: heart disease and tuberculosis in pregnancy, by Dr. W. G. Cosbie; toxemias of pregnancy, by Dr. H. B. Van Wyck; nursing care during labour and the puerperium, by Dr. J. C. Goodwin; anesthesia in labour, by Dr. W. A. Scott; care of the newborn, by Dr. Charles Snelling; induction of labour and operative obstetrics, by Dr. D. M. Low.

Too much credit cannot be given to the nurses who prepared the excellent papers for the Round Tables. The subjects discussed were directed to prenatal and confinement care, and postpartum care of the mother and her infant. Special emphasis was given to health teaching which, it was felt, should be shared by the student nurse. This should be done during her bedside care of her patient, but if the nurse had not yet had her nursing training she would hardly be in a position to teach mothers how to care for a baby! Another argument was that all student nurses are not good teachers, and many of them have no idea how to go about it. This last point raised the question "shall we teach our nurses to teach?" By all means, if one can find the time. In some of the larger hospitals a public health nurse is appointed to the teaching staff, and one of her duties is to demonstrate to the student the possibilities and opportunities she has for health teaching.

Miss Ethel Greenwood, of the Victorian Order, demonstrated in her own inimitable way the preparation for confinement in a home. This was most enjoyable and instructive. Oh! that more of us had some of Miss Greenwood's animation.

In visiting the hospitals one was impressed with the excellent techniques and efficiency of the various hospital staff nurses. They gave so much of their time and went to endless trouble to prepare demonstrations and clinic material depicting the care of the maternity patient. No effort was spared to give the mother and her newborn baby the very best care that modern science can effect, from the time she registers at the prenatal clinic, to the day she leaves the hospital with her baby. The demonstrations included prenatal care, admission to hospital, care during labour, postpartum care of mother and baby.

One could not come away from this Refresher Course without realizing the responsibility which rests with those of us who are entrusted with the teaching of obstetrics to nurses. They must be taught how to meet the emergencies which they are bound to encounter from time to time. Some of the experiences cited by the Red Cross Nurses in the Outposts would floor even an experienced obstetrician. I wonder if it would be possible to have some sort of affiliation between hospital and outpost which would be of mutual benefit. The hospital nurse would have the advantage of the unparelled experience of the nurse at the Outpost, who must do all kinds of nursing under very trying conditions, with little or no help—it would develop in her a sense of responsibility and develop her initiative which she would probably get in no other way. In turn, the nurse from the Outpost would have the opportunity of observing and learning the newer methods and techniques of the modern hospital. She would also be able to follow an abnormal case right through her pregnancy, labour, and puerperium; this plus her experience in the Outpost should, I think, be invaluable to her.

I thoroughly enjoyed the Course. The demonstrations, lectures, discussions were all so well planned and definitely worthwhile. Any nurse who is interested in obstetrics should certainly make an effort to attend the course if it is repeated next year.

OBITUARIES

HUILOTA DYKEMAN died at her home in Saint John, New Brunswick, on February 27, 1939. Her untimely death is a severe loss to the nursing profession and her capacity for leadership will be sorely missed, especially in the Maritime provinces. In 1924 Miss Dykeman was appointed director of public health nursing service for the Province of New Brunswick and rendered outstanding service both as an administrator and as an educator. In addition to her supervisory duties, she gave courses in health education in the Provincial Normal School at Saint John and organized clinics and educational campaigns in the rural districts. From time to time she directed Refresher Courses for public health nurses which were both inspiring and stimulating and which attracted students from outside the borders of the Province.

Huilota Dykeman came of United Empire Loyalist stock, and after completing her education at the Acadia Seminary, Wolfville, N. S., entered the School of Nursing of Johns Hopkins Hospital. She graduated in 1917 and later undertook post-graduate study at Columbia University. From 1918 to 1919 she served as a Nursing Sister in the military hospitals of New Brunswick, and from 1920 to 1922 was supervisor of the maternity department of the Mountainside Hospital, Montclair, N.J.

Miss Dykeman took an active part in the work of the New Brunswick Association of Registered Nurses and in 1933 served as convener of the public health nursing section of the Canadian Public Health Association. Her place will, indeed, be hard to fill and the memory of her ungrudging service will long be cherished by the nurses of New Brunswick.

MABEL BICKELL (Mrs. James Reid), a member of the Class of 1894 of the School of Nursing of the Montreal General Hospital died on December 19, 1938. Sympathy is extended to Mrs. E. Brown, her sister and classmate.

GRACE A. CURRIE died on February 6, 1939. Miss Currie was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1931.

MARGARET MCGAVIN (Mrs. Fred G. Reid) died on January 30, 1939. Mrs. Reid was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1900.

MRS. THOMPSON ROSS (née Brooke Gavin) died recently. Mrs. Ross was a graduate of the School of Nursing of the McKellar General Hospital, Fort William, and a member of the Class of 1930.

EMMA ROBINS, who for twenty years was Matron of the Soldiers' Home Hospital in Chelsea, Mass., died recently. Miss Robins entered the School of Nursing of the Royal Victoria Hospital, Montreal, in 1894 and was among the first to graduate from that School.

MAUD WOOLSEY, a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, died on March 4, 1939. Miss Woolsey served during the Great War from 1915 to 1918 both in England and in France as a Nursing Sister with the Canadian Army Medical Corps.

THE EDITOR'S DESK

It Can't Happen Here!

It so happens that this issue of the *Journal* presents certain aspects of nursing as they appear to observers in countries other than our own. In "A New Deal for Nurses", you will find a critical analysis of what is happening in the field of nursing education in England. Then if you would like to cast a glance across the border and see what the American experts in social economics think of nursing service as distinct from education, just turn to "A New Measuring Rod". Perhaps after you have looked over these articles you may quietly dismiss them by saying "It can't happen here". And you may be right. In our experience, however, the subtle influence of new ideas is disconcertingly far-reaching. Neither the Atlantic Ocean nor the forty-ninth parallel seem to insulate us completely from the strong current of public opinion which, in England especially, may drastically change the traditional course to which the nursing profession has seemed to be committed.

One Family

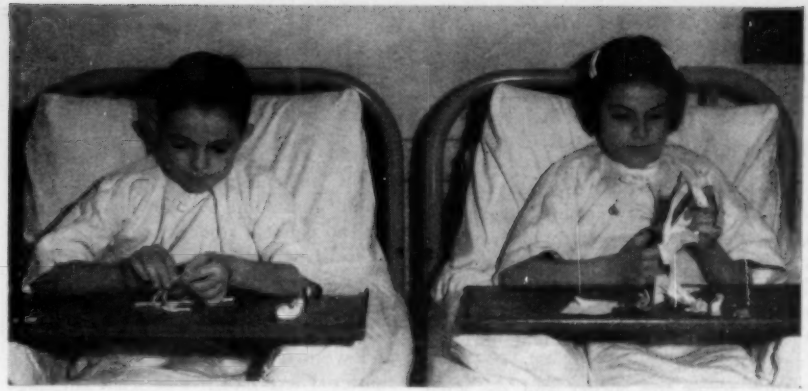
Upon the occasion of his sixtieth birthday, tribute is being paid to Albert Einstein, possibly the greatest and most original scientist of his time. He is an exile from his native land because he is a Jew, but he believes that the peoples of the earth will eventually learn to live together in tolerance and understanding. Not long ago he was asked what he thought of a suggestion, put forward at the Tercentenary of Harvard University, that a group of men of good will might be selected from among the best and wisest in all countries who, thinking and acting together, would represent "the conscience of mankind", and would command a following so strong that no political ruler would dare ignore it. Einstein replied that such a scheme is not impossible. One factor which he thinks might ensure its success is the fellowship which exists between men and women who do the same work, no matter where they live or what language they speak. This bond still holds the nurses of the world together and, if you read "Under Heaven, One Family", you may dare to hope that this Chinese proverb may prove to be a prophecy.

Gathering of the Clans

In Alberta, British Columbia, Manitoba, Ontario, and Saskatchewan the clans are gathering. The provincial Associations of Registered Nurses are holding their annual meetings, and three of the provinces will have the privilege of having the President of the Canadian Nurses Association present with them. Perhaps before many years are over, the Canadian Nurses Association will own its own aeroplane and commute from Charlottetown to Victoria, thus linking "The Island" to "The Island", as well as "Sea to Sea".

An Old Enemy

In spite of all that has been done to combat it, tuberculosis still takes a heavy toll even from the ranks of nurses themselves. There seems to be no discharge in this war and we are needed in the fighting line. Dr. Meltzer and Miss Houston tell us something of the fine work which is being done at the Manitoba Sanatorium, especially in relation to collapse therapy.



We Prepare an Exhibit

MADELEINE FLANDER

Instructress of Nurses, Children's Memorial Hospital, Montreal

I must confess that when I was first given the responsibility of preparing *The Canadian Nurse* exhibit for the annual meeting of the Association of Registered Nurses of the Province of Quebec, I felt that I had acquired a particularly difficult task. Actually, however, it seemed to take form quickly and easily, mainly due to the generous co-operation of the staff and to the fact that we are accustomed, at the Children's Memorial Hospital, to make things out of "stuff and nothing" in the ordinary course of our occupational and play programmes with the children. Thus with the hearty assistance of the occupational therapy and play departments, the dietitian and the staff, and the children themselves, something did eventually evolve out of "stuff and nothing".

In terms of money, the project cost very little because the raw material was bought for less than two dollars. It was the careful and painstaking work which counted. The occupational therapist, Miss Gertrude Ellis, kindly consented to teach two of her charges in the Pavilion for the treatment of rheumatic children, how to make little figures from pipe-cleaners, and decided that the making of twelve of these figures would not be too great an undertaking. Young Nick Zonack, and Pierrette Loiseau, both ten years of age, were interested, so Nick made the figures, while Pierrette dressed them. This, to quote Miss Ellis, is the way they went about it:

Nick made the figures from two flexible wire pipe-stem cleaners, one making the head and arms, and the other the main part of the body and legs. These were then wound with wool to give the proper proportions, and the head firmly sewed with button-hole stitch to make a smooth face and to prevent the wool from coming unwound. The hair and features were embroidered with wool and fine coloured threads. The figures then went to Pierrette to be dressed. She cut and fitted the costumes, sewed them to the figures, and wound

the arms and legs with wool of appropriate colours.

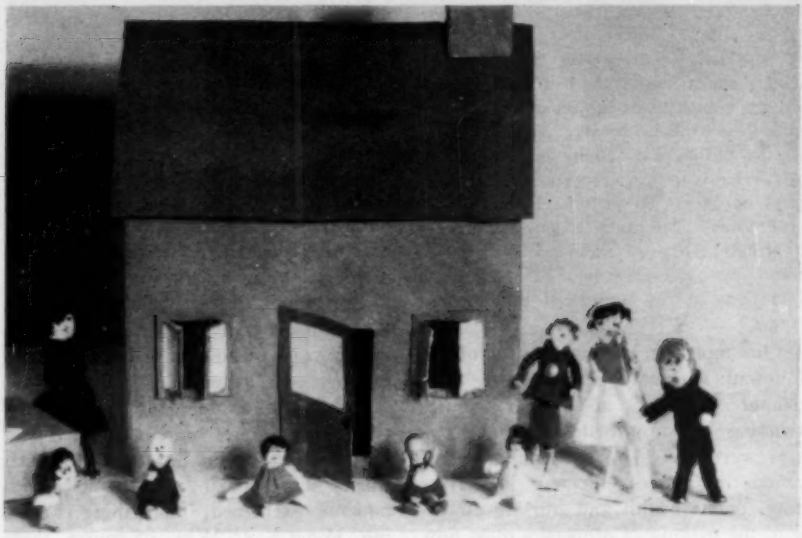
These two children were cases of subacute rheumatic fever and had been on strict bed rest routine. This project was considered suitable for them because of the slight amount of physical activity involved, while back-rests with arm supports and work trays, as seen in the picture, eliminated postural strain. The children enjoyed making the figures, although Nick was a ltle bored before he had quite finished. The work kept them at rest for about three weeks.

One morning, on entering the office, I found an array of attractive pipe-cleaner "nurses" and other figures awaiting me on my desk. As the figures were to be arranged to represent groups of nurses engaged in private duty, public health and nursing education, the making of properties must now begin. I visited the dietitian, and explained that I was in need of four cardboard boxes about twelve or fifteen inches square to serve as platforms for the groups. Within a few days she presented me with four empty "minute tapioca" boxes of exactly the right size. I then raided the play department and came away with coloured cardboard and paper, a pot of glue, some plasticine, wrapping paper, and with the addition of a few tongue depressors and applicators, felt that there was enough equipment at hand to continue.

An evening meeting was arranged and a few of the staff members gathered before the fireplace and within two and a half hours had produced chairs, tables, blackboard, a desk with a blotter on it, a bed and bureau, miniature copies of *The Canadian Nurse* and other little articles. The paper house for the public health group came, at the eleventh hour, from a boy who is a patient in the Pavilion for the treatment of children with primary tuberculosis.

Finally, the evening for inspection arrived; the figures were assembled and all was in readiness. Several of the staff nurses were looking the exhibit over, and one exclaimed, "Something is missing. What is it? Why, of course, there are not enough people around the public health nurse". Whereupon she dashed out of the room and I heard her asking an interne in the corridor for some pipe-cleaners. By eight o'clock, she had contrived a lame father leaning on a cane, a pair of rachitic twins, and two or three other children.

At last all the groups seemed as complete as we could make them. The private duty nurse stood at the bedside of



a patient of rather ghastly appearance, holding a copy of *The Canadian Nurse* under her arm. In the nursing education group, the instructress (with one gray hair) stands before her blackboard lecturing to six little students, some of whom are sitting in a very poor posture in their chairs and I believe one may discern on one face a distinctly sleepy expression. The public health nurse approaches a scene of social chaos in front of what appears to be a tumble-down shack. Mother, in a gay print dress, has a mischievous child across her knee ready to spank. Father is approaching, leaning heavily on his cane. One twin is climbing the fence, another is falling out of the window, and yet two more children, one with knock-knees and the other with bowed legs, appear around the corner of the house.

At last the great day of the Annual Meeting arrived and the exhibit was placed in position on bridge tables in an alcove which everyone had to pass in order to reach the room in which the sessions were being held. Against the background of some gay posters, it made quite an imposing appearance and attracted a most flattering amount of attention. Close by was a desk, from which amusing little bookmarks were distributed. On closer examination, these turned out to be subscription blanks all ready to be signed on the dotted line.

There is now a prospect that the exhibit may be sent out on a tour of neighbouring cities, and the J. F. Hartz Company, makers of surgical supplies, have been kind enough to provide a travelling case free of charge.

Everyone who took part in preparing it quite enjoyed the experience and, incidentally acquired a more lively interest in our national nursing journal.

STUDENT NURSES PAGE

Have You a Little Sister?

CATHERINE LOCKE

Miss Locke is a member of the senior class in the School of Nursing of the Toronto Western Hospital. She is the President of the Students' Council and thinks that the Big Sister—Little Sister relationship has done much to promote a good understanding among the members of the student body.

Have you ever longed with an unsatisfied yearning for a sister—big or little, it didn't really matter? Or having one or several, do you appreciate them as one in the sisterless group of humanity might? If you can understand the special sort of sisterly relationship I'm referring to, you will appreciate the pleasure which we students at the Toronto Western Hospital find in the Big Sister-Little Sister relationship which has been in effect here for some years.

A student, usually in the Intermediate Year, having agreed to act as a Big Sister, is given the name of one of the would-be preliminary students, who, "sight unseen", becomes her Little Sister. You may well imagine the challenge of the unknown and undiscovered. We can all readily realize that being a Big Sister is a very great responsibility, so the conscientious one takes herself aside and appraises her own mental attitude first. I do not mean that she will banish all the peculiar quirks she may have acquired in her twenty-odd years of existence, but, duly appreciating the undoubted influence she will have on a Little Sister, she will ponder on how she will govern herself accordingly. Then, having at least aimed at the "above reproach" level, she begins to plot and plan in an effort to make a Little Sister as comfortable and contented as possible in a strange and apparently exacting environment.

There are many, many ways of playing the role of Big Sister, just as there are many interpretations of any part in any play you choose to think of, and the success or failure of the player depends to a great extent, I should say, upon sympathy, enthusiasm, and ingenuity. Any Big Sister will recall the intricate and elaborate process of "getting into uniform"; the unsuspected labyrinthian character of the hospital with its wards, halls, offices and closed doors; the Madman's Paradise comprising street cars, stop and go signs, and street maps in their relation to the business of getting into residence "on time". Who can forget those first embarrassing *faux pas*, made because "nobody said" . . . "if only someone had told me" . . . "I didn't know". Memory, then, serves to list the multiple opportunities and our Big Sister, armed with the Golden Rule and a hearty hand-shake, sets forth to do the rest.

As a group, the preliminary students are welcomed by the Principal of the School and the various instructresses, as well as by the president of the Student Council, who greets them on behalf of the student body and explains the organization and purposes of student government in this particular hospital, also the aims of the Interschool Association of Nurses in Toronto.

Socially, the Little Sisters are welcomed and entertained by their Big Sisters at an "ice-breaking" party shortly after they enter. Each Big Sister escorts her new friend, and the aim of each and all is to become acquainted with as many people as possible. But more important still, each preliminary student is welcomed individually by her Big Sister. May I mention the reception I received upon my lonely and somewhat apprehensive arrival, and which I feel was quite without flaw. Attached to the parcel of uniforms left in the room assigned to me was a jolly little note informing me that I was M———'s Little Sister, a fact which seemed to please her very much. It gave one a very necessary and wanted feeling. Shortly afterward, she came in (she had been haunting my room in an effort to greet me as soon as I arrived) and I shall never forget her smile, so sunny and cheering, with a hint of a great friendship in store. It stiffened a considerably weakened backbone, warmed two very "cold feet", and suddenly made the world a fine place to live in. Again, at capping time, as is our custom, it was my Big Sister who pinned on the cap at the special service held at the end of the preliminary term. Such a proud moment, so befittingly shared with one who had halved the notorious trials and tribulations of a "probie"! Oh, yes, a Big Sister has a difficult role to fill, for in a surprisingly short time she becomes a father confessor, teacher, advisor and friend, binding up the bruises and bumps, and often sending a dismayed and discouraged Little Sister more resolutely and cheerfully on her way.

The arduous duties of the Big Sister are not unrelieved, however. There is ample compensation in having a Little Sister who looks to you for help and sympathy, and whose attitude reflects your interest and friendliness. It requires little imagination to appreciate the possibilities for happy friendships which such an arrangement offers.

I have tried to picture what appeals to me as the ideal state of a Big Sister—Little Sister relationship. It is an unfortunate fact that all too often we Big Sisters have been found wanting by our lonely, bewildered Little Sisters. We can only hope that each succeeding class, profiting by the mistakes and inadequacies of the last, will raise the sisterly standard nearer and yet nearer to the ideal.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The Florence Nightingale Scholarship

The Executive Committee of the Canadian Nurses Association announces its approval to the selection of a candidate by the Scholarship Award Committee. This year the Florence Nightingale Scholarship goes to Miss Mary Elizabeth Henderson of Vancouver. Miss Henderson as a graduate of the five-year course in nursing, The University of British Columbia and the School of Nursing of The Vancouver General Hospital, received the degree of Bachelor of Applied Science in Nursing in 1929. Since graduation Miss Henderson has had experience in public health and school nursing and latterly she has been an acting supervisor for the School Nursing Service of the Metropolitan Health Committee for Greater Vancouver, British Columbia.

The Scholarship provides for tuition and maintenance for a year as a student at the International Nursing Course offered by the Florence Nightingale International Foundation in conjunction with Bedford College for Women (University of London) and The College of Nursing, London, England. Miss Henderson will enrol for the Course in public health nursing.

"R.N." or "Reg. N."

Some months ago one of the Provincial Associations of Registered Nurses submitted a proposal to the Canadian Nurses Association that possibly the use of the abbreviation "R.N." as designating a Registered Nurse in Canada should be corrected.

The Executive Secretary was instructed to obtain the opinions of the Provincial Associations as to the desirability of a change being made in the abbreviation of the term used in the Provinces and whether the making of a change would necessitate the opening of any of the Acts for Registration of Nurses. Also that the question of the legal use of the abbreviation "R.N." be referred to the federal authorities for advice. From the Department of the Secretary of State at Ottawa it was learned there is no legal reason why the term "R.N." should not be used by registered nurses in Canada. The same authority explained that insofar as Canadians were concerned and in this country, the term "Royal Canadian Navy" or "R.C.N." is applied to men attached to the strength of the Navy—not "Royal Navy" or "R.N." as in the British Isles.

The Acts of Registration which already provide for the abbreviation "R.N." are those for the provinces of Alberta, British Columbia, Nova Scotia and Prince Edward Island; in Manitoba and Saskatchewan, the Act states "Reg. N." while that for New Brunswick provides for either abbreviation. The Acts for Ontario and Quebec do not authorize the use of any special term.

The Provincial Associations have been given the foregoing information from which they have learned that the use of the term "R.N.' is legal in Canada and that there are two Provinces only in which the Acts specifically state that the abbreviation used should be

"Reg. N.", i.e., Manitoba and Saskatchewan.

A Note of Thanks

The congratulations of the President and Members of the Canadian Nurses Association were sent to Miss Ellen M. Musson and Mrs. Rebecca Strong following the announcement that these two well-known nurses were included in the King's New Year Honours' List. Miss Musson's conferment is Dame of the British Empire, and Mrs. Strong, at ninety-six years of age and still active, becomes an Officer of the Order of the British Empire.

In acknowledgment, Dame Ellen Musson has written:

I have to acknowledge with many thanks your letter dated January 25th in which you convey to me in very kind words the congratulations of the Nurses of Canada. Will you please convey to the members of the Canadian Nurses Association my very sincere thanks and my good wishes.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Calgary Unit, Overseas Nursing Sisters Association	$ 5.00
Edmonton Association of Graduate Nurses	10.00
Graduate and Student Nurses, Calgary General Hospital	21.00
Medicine Hat Graduate Nurses Association	10.00
Private Duty Sub-Section, Edmonton	4.25
Public Health Section, A.A.R.N.	10.00
Staff, Junior Red Cross Hospital, Calgary	4.00

British Columbia:

A.A., General Hospital, Vancouver	75.00
A.A., St. Joseph's Hospital, Victoria	5.00
Lady Minto Hospital, Ashcroft	2.00
Shaughnessy Hospital, Vancouver	3.00
Supervisors, Royal Jubilee Hospital, Victoria	6.00

Ontario:

A.A., Brantford General Hospital, Brantford	15.00
A.A., Ross Memorial Hospital, Lindsay	5.00
A.A., Victoria Hospital, London	15.00
District 1, R.N.A.O.	10.00
District 4, R.N.A.O.	10.00
District 5, R.N.A.O.	10.00
Graduate Nurses Staff, Hamilton General Hospital, Hamilton	14.00
Student Government Association, Hamilton General Hospital, Hamilton	25.00
Graduate Nurse Staff, Toronto Psychiatric Hospital, Toronto	5.00

ALBERTA ANNUAL MEETING

The annual meeting of the Alberta Association of Registered Nurses will be held April 11 and 12, at the Masonic Temple, Edmonton. Members of the Association are happily looking forward to having as their guest, the President of the Canadian Nurses Association, Miss Grace M. Fairley. A welcome will be extended to the delegates by His Worship, the Mayor of Edmonton, Mr. J. W. Fry. Greetings will also be presented on behalf of the University of Alberta by the President, Dr. Kerr. The Premier of the Province of Alberta, the Hon. William Aberhart, will deliver an address.

The afternoon session of the first day will be given to concurrent meetings of Sections. A few of the nursing problems to be given consideration will be the eight-hour day for nurses; the organization of Districts, and revision of the Registered Nurses Act. The local committee on arrangements is being convened by Miss Katherine Campbell.

BRITISH COLUMBIA ANNUAL MEETING

The twenty-seventh annual meeting of the Registered Nurses Association of British Columbia, will take place on April 14 and 15, in the Hotel Vancouver. One of the evening sessions will be held at the Nurses Residence, St. Paul's Hospital, Vancouver. The Sections will hold their business meetings separately and a joint meeting of all three sections will also be held when matters of common interest will be discussed. Miss M. F. Gray will speak on "Preparation for Head Nurseship". At the joint meeting of the three Sections, the new High School Curriculum of British Columbia, with special relation to the requirements for entrance to schools of nursing in this Province, will be presented by Mr. R. Straight, Senior Inspector of Schools. The findings of the committee appointed to study development of satisfactory relationships between public health nursing and social work groups will be discussed at the Round Table following.

An illustrated address on the Red Cross Outpost Hospitals of British Columbia will be given by Miss F. Kirkpatrick, Field Supervisor. A symposium, prepared by nurses on the nursing care of cancer, will certainly be of value. The Instructors Group of Vancouver are arranging a discussion of diabetes in adults and children which promises to be extremely interesting.

The annual dinner will be held at the Hotel Vancouver on Saturday, April 15.

SASKATCHEWAN ANNUAL MEETING

The Saskatchewan Registered Nurses Association has issued the following statement concerning what promises to be a most stimulating Convention:

The twenty-second Annual Convention of the Saskatchewan Registered Nurses Association is to be held in Saskatoon on April 12 and 13 with the President, Miss Ann Morton, in the chair.

This is to be an occasion when Saskatchewan may boast of definite geographical advantages. Through the generosity of the visitors themselves and the co-operation of Associations in neighbouring provinces west and east, nurses in Saskatchewan are to be privileged to welcome, as guests to this Convention, Miss Grace Fairley, President of the Canadian Nurses Association and Miss Katherine Densford, Director of Nursing at the University of Minnesota, and to receive messages from them. The highlights of the Convention are seen in these and other speakers, including the President of the University of Saskatchewan. There is little doubt that the Convention will be an interesting one.

All meetings are to be held in the Bessborough Hotel, an added attraction that Saskatoon has to offer this year. A review of the programme will show that careful effort has been made to meet all interests. The Round Table presided over by Miss Densford promises to be a stimulating one and is to include the discussion of questions submitted by the three provincial sections. A special publicity campaign for *The Canadian Nurse* is being planned by the chairman of the Provincial Committee.

Many of the benefits and satisfactions of a Convention are found in the contacts that are made possible at these meetings, so social events have their place and have not been overlooked. A banquet is to be held on the first evening and owing to the kindness of President and Mrs. Thomson and the local Alumni, the programme provides for other happy gatherings, opportunities to renew old friendships and to meet the distinguished guests.

Saskatchewan nurses are not slow to show their appreciation of such opportunities. While even the weather optimist can-

THE MACMILLAN COMPANY OF CANADA

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70 Bond Street **Toronto**

Invites you to visit Booth 3

at the Convention of the Registered Nurses Association of Ontario in the Royal York Hotel, Toronto.

APRIL 13, 14, AND 15

BAILEY:

Nursing Mental Diseases, New 4th edition to be published in April.

FROST:

Social Aspects of Nursing: to be published this Spring. Price probably $3.00.

NEW NURSING SERIES:

Aids to Hygiene $1.10
Aids to Practical Nursing $1.10
Aids to Surgical Nursing $1.10

BANCROFT, PIERCE & CUTLER:

Pediatric Nursing, 3rd edition, 1938 .... $3.00

not predict conditions favourable to the motorist, there is evidence that professional groups in many parts of the province will be well represented.

Subject to possible adjustment, arrangements are outlined as follows:

Wednesday, April 12

Morning Session:

Invocation and Address of Welcome.

Reports of the Secretary and Registrar, the Treasurer, the School Advisor.

Presidential Address: Miss Ann Morton.

Reports of Standing Committees.

Address: Miss Katherine Densford, Director of the School of Nursing of the University of Minnesota.

Afternoon Session:

Preparing a mother for motherhood: a demonstration conducted by the Saskatoon Branch of the Victorian Order of Nurses for Canada.

Meetings of Standing Committees.

Afternoon tea, given by the President of the University of Saskatchewan and Mrs. Thomson, at their residence.

In the evening, a banquet will be held when the guest speakers will be Miss Densford and Dean Arthur Collingwood, Professor of Music, University of Saskatchewan.

Thursday, April 13

Morning Session:

Address: Miss Grace Fairley, President of the Canadian Nurses Association.

Reports of Special Committees.

Round Table: conducted by Miss Densford, at which there will be a discussion of questions submitted by the three Sections.

Address: Rev. J. S. Thomson, M.A., D.D., President, University of Saskatchewan.

Afternoon Session:

Address: "Some aspects of the treatment of cancer", Dr. A. W. Spencer.

Election of officers and the report of the Resolutions Committee.

The Alumnae Associations of the Saskatoon City Hospital and St. Paul's Hospital, Saskatoon, will entertain at an afternoon tea.

R. N. A. O. ANNUAL MEETING

The fourteenth annual meeting of the Registered Nurses Association of Ontario will be held at the Royal York Hotel, Toronto, on April 13, 14, and 15, inclusive. On the first day, the reports of the standing and special committees will be presented, including the revision of the policy in connection with the Permanent Education Fund. Miss Ethel Johns will be with us, and under the caption, "Editorially Speaking", is on the programme for the afternoon session. An open meeting will be held in the evening, when Dr. William Boyd, professor of pathology and bacteriology in the University of Toronto, will give an address on "Cancer Research".

On Friday, the second day, the business meetings of the Sections will be held concurrently. At the afternoon session, a symposium entitled "How may we provide adequate nursing service for all who require it?" will be presented under the following headings: "The nursing needs of a community"; "The preparation of the nurse for the service that is needed from her"; "How may a registry be organized to supply the nursing service needed by the community". The discussion which will follow should prove stimulating. On Friday evening, the annual banquet will take place when Mr. C. R. Sanderson, B.Sc., Chief Librarian, Toronto Public Libraries, will give an address entitled "Sense and Nonsense".

Plans are being made to have representatives from the student nurses of the various Training Schools for Nurses in Ontario to attend the meetings.

The members of the Alumnae Association of the School of Nursing of the University of Toronto are planning a re-union breakfast at the residence, 7 Queen's Park, on Friday, April 14.

The nurses of District 5 are entertaining the delegates at a tea in the Royal Ontario Museum on Thursday, April 13, when some of the exhibits will be open to the guests, including the world-famous Chinese Galleries.

MATILDA FITZGERALD
Secretary-treasurer, R.N.A.O.

VICTORIAN ORDER OF NURSES

The forty-first annual meeting of the Victorian Order of Nurses will be held in Ottawa early in April. We are fortunate in having as guest speakers Sir John Boyd Orr of Aberdeen, who will speak on nutrition; Dr. Wallace of Queen's University; and Miss Ruth Houlton, associate director of the National Organization for Public Health Nursing. While the meeting is primarily for Board Members, there are usually a number of nurses in attendance and arrangements are made for round table discussions on topics of especial interest to them.

The following changes in our personnel have recently taken place:

Miss Jean Smith, who has been on leave of absence for a year to pursue studies at Teachers College, Columbia University, has been admitted to the Toronto staff.

Miss Mary Allen, a graduate of St. Joseph's Hospital, Toronto, and of the course in public health nursing, University of Toronto, has been admitted to the Sydney staff.

Miss Dorothy Campbell, a graduate of The Civic Hospital, Ottawa, who has completed the two months supervised experience on our Montreal staff, has been admitted to the St. Catharines staff.

Miss Catherine MacDougall, a graduate of the Hôtel Dieu Hospital, Cornwall, and of the course in public health nursing, University of Toronto, has been admitted to our North Bay staff.

Miss Helen G. Anderson, a graduate of Hamilton General Hospital, and of the course in public health nursing, University of Toronto, has been transferred from the St. Catharines staff to the position of nurse-in-charge of the Owen Sound Branch, replacing Miss Essie Kain. Miss Kain resigned from Owen Sound to take a position with the Provincial Department of Health.

Miss Mona Kissack has resigned from the London staff.

Miss Therese Terrien, a graduate of the Ottawa General Hospital who has just completed two months supervised experience on our Montreal staff, has returned to Lachine to take up her duties. Miss Terrien had leave of absence from Lachine in order to take the course.

ELIZABETH SMELLIE,
Chief Superintendent.

BOOK REVIEWS

THE CHILD IN NURSING, by GLADYS SELLEW, Ph.D., R.N., Instructor, School of Nursing, Catholic University of America, Washington, D. C. Published by the W. B. Saunders Company; Canadian Agents: McAinsh & Co., Limited, Toronto. 599 pages; 48 illustrations; Fourth Edition; Price, $3.00.

This book, which originally appeared under the title of "Pediatric Nursing", has been completely revised and brought up-to-date. While retaining its comprehensive treatment of all aspects of pediatric nursing, the angle of approach is now that of the *well* child, and the first eight chapters are devoted to a consideration of his hygienic needs. In this section, the chapter on the importance of breast feeding is specially worthy of attention. The skilfully framed questions which follow each chapter and the discussion of the problems involved in teaching pediatric nursing will prove of practical value to instructors.

FUNDAMENTALS OF ANATOMY, by CARL B. FRANCIS, A.B., M.D., Senior Instructor in Anatomy, Laboratory of Anatomy, Western Reserve University. Published by the C. V. Mosby Company; Canadian Agents: McAinsh & Co., Limited, Toronto. 320 pages; 176 illustrations; 26 colour plates; Price, $3.25.

The authoritativeness of this text is sustained by the fact that it has the approval of the Department of Anatomy of Western Reserve University. As indicated by the title, the text is confined to a consideration of the fundamentals of anatomy. Nevertheless, within these self-imposed limitations, the author has succeeded in giving an extremely lucid and reasonably comprehensive exposition of his subject. The illustrations are of unusual excellence and, as an aid in teaching, would be most valuable.

REFERENCE HANDBOOK FOR NURSES, *First Aid, Materia Medica, Nursing Arts, Diet Therapy, Nursing Care, and Improvised Equipment*, by HELEN F. HANSEN, R.N., M.A., Chief, Bureau of Registration of Nurses, State Department of Public

Health, California. Published by the W. B. Saunders Company; Canadian Agents: McAinsh & Co., Limited, Toronto. 347 pages; Price, $1.75.

This handy little volume will be useful to public health and private duty nurses as a reference on a great variety of subjects. It can be tucked away in a nurses bag and may prove invaluable in case of emergency.

THE SELF YOU HAVE TO LIVE WITH, by WINFRED RHOADES. Published by the J. B. Lippincott Company, Canadian Office: Medical Arts Building, 1538 Sherbrooke Street, West, Montreal. 182 pages; Price, $1.75.

The passionate sincerity of the author of this book carries conviction with it. Mr. Rhoades is a clergyman who was himself an invalid for nearly twenty years. When he was once more able to work his chief desire was to help other people to face up to life and to conquer it. While deep religious feeling is the predominant theme, it is tempered with common sense which leads to suggestions for daily living which are eminently practical. Mr. Rhoades has recently been associated with the Boston Dispensary Unit of the New England Medical Centre where he has been doing personality work.

SOCIAL CUSTOMS, *The Art of Gracious Manners*, by THEODOSIA CROSSE. Published by the J. B. Lippincott Co., Canadian Office: Medical Arts Building, 1538 Sherbrooke Street, West, Montreal. 327 pages, with index; Price, $2.50.

This book gives sound and sensible advice about social usage under a variety of conditions. It tells you when to wear (and when not to wear) your uniform. The hints about travelling are eminently practical. Excellent suggestions are given about maintaining pleasant and dignified relationships between the nurse, her patient, and his family. If you are puzzled as to the precise form a letter of ceremony should take, just enquire within. The chapter on conversation is particularly good and so is the one on dress. Last but not least, is the section which deals with table manners, a matter which, in these free and easy days, does not always receive the attention it requires.

OVERSEAS NURSING SISTERS ASSOCIATION

The annual meeting of the Overseas Nursing Sisters Association, Toronto Unit, was held recently in the attractive Nurses' Residence at Christie St. Hospital, with seventy-five members present. Following the regular business and the election of officers for the ensuing year, everyone enjoyed a social hour. The election of officers resulted as follows: President, Miss Edna Moore; vice-president, Miss Isobel McEwen; recording secretary, Miss Edith Rogers; corresponding secretary, Mrs. Alex Wilson; treasurer, Miss Edith Whillam; councillors: Miss E. D. Clarke, Miss Margaret Duncan, Mrs. A. A. Halliday; Mrs. Norman Lucas, Miss Pearl Morrison, Miss Gertrude Reid, Mrs. T. S. Ronaldson, Mrs. George Sherritt, Mrs. Chas. Sanderson, Miss Irene Robertson.

The Edmonton Unit of the O.N.S.A. has sustained a severe loss in the death of one of its most valued members, Amy MacNish, whose sudden death was announced in the February issue of *The Canadian Nurse*. Miss MacNish was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and served overseas with the Canadian Army Medical Corps.

NEWS NOTES

ALBERTA

EDMONTON:

A meeting of the Edmonton Graduate Nurses Association was held recently and following the business meeting, which was well attended, a most interesting and educational lecture was given by Professor E. H. Strickland, Department of Entomology, University of Alberta. His topic was insects and their relation to disease in Alberta. The speaker traced the life history of the tick which causes tick paralysis, and spotted fever. Reference was also made to Elk Island Park, where the moose deer have ticks in great numbers. Many other insects were discussed, and the need shown of the public becoming aware of their migration and spread in Alberta, particularly those found in mountainous regions and wooded areas.

An advisory committee to the Registry has been appointed and its duties outlined. The Association definitely approves of the eight-hour day for private duty nurses, and early in the year endorsed an increase in their fee from $3.00 to $3.50.

The following officers were elected for the year 1939: President, Miss Agnes McLeod; first vice-president, Miss Mitchell; second vice-president, Miss Standing; secretary, Miss Jean Davidson; treasurer, Mrs. Chorley; registrar, Miss Sproule; executive: Miss E. Perkins, Miss Clibborn, Miss M. Clark; programme committee: Miss Hennig (convener), Miss Hargreave, Miss Cushing; loan fund committee: Miss I. Johnson (convener), Miss Boyd, Miss Shute; sick visiting committee, Miss M. Stewart (convener), Miss Large; advisory committee: Miss Engelcke (convener), Miss Emerson, Miss M. S. Fraser.

PONOKA:

The registered nurses of Lacombe, Ponoka and Wetaskiwin met together with the purpose of organizing a nursing group to stimulate a common interest in the work of the Alberta Association of Registered Nurses. Forty-five nurses attended, fourteen from Wetaskiwin, three from Lacombe, and twenty-six from Ponoka. Miss Kate S. Brighty, provincial president, and Miss A. J. MacLeod of Edmonton were present. Miss C. N. Jackson of Ponoka was appointed president of the group. Miss Brighty gave a very interesting address, stressing the importance of giving the individual nurse a broader understanding of the work of the Association. It was decided that the group meet four times a year, the next meeting to be held late in April following the annual meeting of the Association.

BRITISH COLUMBIA

VANCOUVER:

The Public Health Section of the Registered Nurses Association of British Columbia recently held a well-attended dinner meeting. Three papers were presented on topics which had been under discussion by various groups of nurses for several weeks. Miss Eleanor Gerwin read a paper on standards for public health nurses, prepared by the nurses of Health Unit No. 1, and several points for discussion were introduced by Miss Grace White of Health Unit No. 4. An analysis of school nursing, prepared by the nurses of Unit No. 3., was read by Miss Dorothy Shields, and discussed by Miss L. Drysdale and Miss E. Williams of Unit No. 2. A paper dealing with the place of bedside nursing in the public health programme, prepared by the Victorian Order of Nurses, was read by Miss M. Duffield and discussed by Miss Heather Kilpatrick of Cowichan Health Centre. A short address on public health trends in New Zealand by Miss Marshall of New Zealand brought the programme to a close. Other guests included Miss M. McCuaig, Western Supervisor of the Victorian Order of Nurses, and Miss A. Edwards, Provincial Welfare Supervisor. Miss Mary Henderson, chairman of the Public Health Section, presided.

Vancouver Graduate Nurses Association:

A meeting of the Vancouver Graduate Nurses Association was held recently at St. Paul's Hospital with the president, Miss Mabel Gray, in the chair. Miss H. Keeler, programme convener, announced an interesting innovation which is to take the form of a ten-minute talk at each meeting on a new drug or treatment. Miss Keeler started the ball rolling with a short talk on the therapeutic use of sulfanilamide. The speaker of the evening was Dr. J. E. Harrison, who recently returned from a trip to Europe. Dr. Harrison told of surgery as he had observed it in New York, London, and Vienna. The meeting closed with a social hour.

Married: Recently, Miss Laura E. Moore (Wellesley Hospital, Toronto) to Mr. Chas. E. Thompson.

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Married: Recently, Miss Betty Kelly (Vancouver General Hospital) to Mr. Rodney Millar.

MANITOBA

WINNIPEG:

The regular quarterly meeting of the Manitoba Association of Registered Nurses was held recently. Mr. Philip Dawson discussed group hospitalization and Miss Kay McCallum spoke on "This Business of Living". Both addresses proved very interesting.

At a recent meeting the questions of permitting married nurses and practical nurses to have the use of the Registry were discussed. It was explained by Miss Brownell that only those married nurses were registered who absolutely needed to supplement the family income. In the case of practical nurses, Miss Brownell reported that since there is a definite need for this type of worker it is most desirable to have them controlled by the Central Directory. Group hospitalization was explained and to date approximately one hundred private duty nurses have subscribed to the scheme.

A lecture on toxemias of pregnancy was given recently by Dr. F. McGuinness. Dr. S. McEwen will give a lecture on "Diet in Health and Disease". These lectures are arranged by the private duty section and all registered nurses are invited to participate. Regarding laboratory courses for private duty nurses, as suggested in the programme submitted by the Educational Committee, it would appear from letters received and interviews reported that the Winnipeg General Hospital and St. Boniface General Hospital might make arrangements with individual nurses for practical experience.

Winnipeg General Hospital:

Miss Gertrude Hall, executive secretary of the Manitoba Association of Registered Nurses, recently completed a survey of the School of Nursing. A recent feature of the Alumnae Association activities was a telephone bridge. There was a gratifying response and the sum of $167.00 was realized, which will be added to the Jubilee Fund. An interesting social event was a dance convened by the general duty nurses.

Miss Lynetta Lee (W.G.H., 1929) has accepted a position with the Imperial Oil Company, in Colombia, South America.

Married: Recently, Miss Dorothy Morton (W.G.H., 1937) to Dr. K. I. Johnson.

Married: Recently, Miss Dena Muters (W.G.H., 1933) to Mr. Arthur Irwin.

Married: Recently, Miss Frances Stevenson (W.G.H., 1928) to Dr. Roy Stewart.

NEW BRUNSWICK

MONCTON:

The Moncton Branch of the New Brunswick Association of Registered Nurses recently held a business meeting with the vice-president, Miss Brean, in the chair in the absence of Miss Honeywell. Delightful showers have been held in honour of Mrs. Donald Ross (née Ayer) and Mrs. Rex Wheadon (née Millett). Both brides received numerous useful gifts. Mrs. H. Goodwin (née Barnaby), former night supervisor of the Moncton Hospital, was presented with a beautiful coffee table by the private duty nurses.

Married: Recently, Miss Phyllis Ayer (Moncton Hospital Training School, 1933) to Mr. Donald Ross.

Married: Recently, Miss Margaret E. Millett (Moncton Hospital Training School, 1935) to Mr. Rex Wheadon.

Married: Recently, Miss Nan Barnaby (Moncton Hospital Training School, 1934) to Mr. H. Goodwin.

MONCTON:

At a meeting recently held in the Moncton General Hospital, the president, Miss Honeywell occupied the chair and a large number were present. Miss MacMaster, first vice-president of the Provincial Association, and Miss Everett who had represented the Local Chapter at the executive meeting of the N.B.A.R.N. each spoke about matters of importance which came up for consideration. After the meeting adjourned the members were guests of Miss MacMaster at a most enjoyable bridge party. A hearty vote of thanks was extended to her by the president of the Local Chapter.

Miss Ida Duncan, a member of the Class of 1930 of the School of Nursing of the Moncton General Hospital, is leaving for England where she will take a six months course in tuberculosis work in the Papworth Village Settlement. For the past few years Miss Duncan has been on the staff of the Tuberculosis Hospital in Saint John and her Moncton friends wish her every success.

SAINT JOHN:

The regular meeting of the Saint John Chapter of the N.B.A.R.N. took place recently at the Saint John General Hospital. Miss Margaret Murdock, the president, was in the chair. Mrs. van Dorsser gave a very interesting talk on "The School Nurse".

The death of Miss Huilota Dykeman is most sincerely regretted. Her loss is keenly felt not only in Saint John, but also through-

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 30th and 31st.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

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out the Province of New Brunswick. An extended reference to Miss Dykeman's career will be found under the caption of "Obituaries" in this issue of the *Journal*.

ST. STEPHEN:

The regular meeting of the Local Chapter, N.B.A.R.N., was held at the residence of Miss Mabel McMullen, with a large attendance. After an interesting report of the half-yearly meeting of the N. B. Association held in Saint John recently, given by Miss McMullen, a social hour was enjoyed.

Miss Gertrude McCulloch, supervisor of the Chipman Memorial Hospital obstetrical wing, recently returned from Toronto, where she took a Refresher Course at the School of Nursing of the University of Toronto. Miss McCulloch read a paper at a recent meeting giving an outline of lectures, and many helpful suggestions regarding newer methods of treatment in the care of obstetrical patients.

Miss Bertha Douglas and Miss Margaret Flemming have been successful in obtaining diplomas from the Boston Lying-In Hospital where they spent the past four months in post-graduate study. Miss Douglas has accepted a position at the Boston Lying-In Hospital, and Miss Flemming will spend some time at her home in Juniper, N. B.

NOVA SCOTIA

GLACE BAY:

The Cape Breton Branch of the Registered Nurses Association of Nova Scotia, met recently at the New Waterford General Hospital. The president, Miss Rhoda McDonald, superintendent of the Glace Bay General Hospital, presided. A matter of interest was the discussion of eight-hour duty for private duty nurses in Cape Breton. Arrangements were made for a refresher course to be held in the spring. Dr. W. K. House, of New Waterford, was guest speaker and gave an interesting talk on cancer.

Miss M. Jamieson, a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec City, has recently been appointed instructress of nurses at the Glace Bay General Hospital, Glace Bay. Miss Jamieson is also a graduate of the School for Graduate Nurses, McGill University, Montreal, and has practised her profession for the past twelve years.

A regular meeting of the Alumnae Association of the Glace Bay General Hospital was held recently and a number of new members were welcomed. Following an active business meeting, Miss R. F. McDonald, superintendent of nurses of the hospital discussed some of the developments and prob-

lems of present day nursing and told of improvements within her own hospital and training school, also demonstrating some new equipment. An enjoyable musical programme was presented by the student nurses.

SYDNEY:

The Sydney City Hospital has re-organized its training school and during February ten students were admitted to receive a three-year course in nursing. Miss Anne Martin is the superintendent and a recent appointment to the staff is Miss Helen D. Young as instructress of nurses. Miss Young is a graduate in nursing of the Toronto General Hospital and in teaching and supervision of the School of Nursing of the University of Toronto.

KENTVILLE:

More than thirty-five members of the Valley Branch of the Registered Nurses Association of Nova Scotia recently held a meeting at the Blanchard Fraser Memorial Hospital, Kentville. An interesting programme was planned to consist of book reviews pertaining to medical education, and interesting events in private duty nursing to be presented at a future meeting.

ONTARIO

DISTRICT 1

WINDSOR:

District 1, R.N.A.O., recently held its annual meeting at the Hotel Dieu Hospital, Windsor. The chairman, Miss Doris Shaw, of Sarnia, presided. The Invocation was pronounced by the Rev. Father W. E. Dillon, and an address of welcome was given by the Rev. R. Nobles. The business meeting followed and all reports were gratifying. At the close of the morning session the nurses were guests of the Registered Nurses of Windsor in the Hotel Dieu Hospital at a delightful luncheon.

At the afternoon session, Controller Olive Jane Whyte acted for the Mayor of Windsor in extending the official greetings of the city. Dr. S. M. Asseltine gave a very interesting talk on the history of nursing. The Hon. R. D. Morand explained the different forms of government and said that nurses should make a study of it as ninety percent of their patients were interested in politics. Dr. W. M. McNeely warned against any easing of the strict surveillance of milk for infants and the continuance of efficient pasteurization and warmly thanked the nurses for the manner in which they co-operated in treating tuberculosis.

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The Educationist: Mr. Thornton Mustard, Principal of the Normal School, Toronto.

The Nurse: Miss Anna M. Taylor, Massachusetts General Hospital, Boston.

Round Tables

Objectives and attitudes in supervision.

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Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association, to assist her in undertaking, during the Session 1939-40, any of the regular courses given in the McGill University School for Graduate Nurses, Montreal. The courses include: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1939.

ROYAL ALEXANDRA SCHOLARSHIP

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, offers a Scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 will be provided if the applicant proposes to take a post-graduate course in a University. If the course is to be taken in a Hospital, the amount available is $150.00. Application forms may be obtained from the Scholarship Committee at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 1, 1939.

Miss Mabel Hoy presented the following slate of officers: Chairman, Miss Doris Shaw, Sarnia; vice-chairman, Miss Lorna Horwood, London; second vice-chairman, Miss Jessie Wilson, St. Thomas; secretary-treasurer, Miss Lila M. Langford, Sarnia; conveners: nursing education, Miss Margaret Smith, London; public health, Mrs. F. Kennedy, Windsor; permanent education fund, Mrs. Hedley Smith, London; private duty section, Miss D. Shaver, Windsor; membership, Mrs. M. Ellrick, Sarnia; publications, Mrs. W. O. Soutar, London; enrolment, Miss Mary Fenner, Windsor; councillors: Miss Valeria Drope, Windsor; Miss Hazel Cryderman, London; Mrs. Constance Salmon, Chatham; Miss Alice Claypole, St. Thomas; Miss M. Thompson, Sarnia; Miss Doris Williamson, Petrolia.

It was decided to have refresher courses this coming spring, holding one in London and one in Windsor. At the close of the meeting the nurses were the guests of the Purity Dairies Company.

SARNIA:

Sarnia General Hospital:

The bazaar held at the Sarnia General Hospital under the auspices of the Alumnae was a successful affair, and the proceeds were most encouraging. These are to be used partly toward the upkeep of the alumnae room and partly toward the establishment of a fund for the benefit of sick nurses. The guests were received by Miss D. Shaw, president of the Association. The various booths were in charge of Miss M. Dale, Miss Marion Carter, Miss Jean Cairns, and Mrs. M. Cates. Miss G. Knight was in charge of the quilt which was donated by Miss M. Jacobs and was won by Mrs. E. L. Kennedy.

DISTRICTS 2 AND 3

GUELPH:

The mid-winter meeting of Districts 2 and 3, R.N.A.O., was held at the Ontario Agricultural College with the president, Miss S. A. Campbell, in the chair. The Invocation was given by the Rev. Dr. O'Reilly and greetings were extended by Dr. Christie, president of the O.A.C. Dr. Pickard, president of the Guelph Medical Society, also extended greetings. Dr. S. L. Valeriote gave a very interesting and instructive talk on sulphanilamide. Dr. E. N. Coutts, medical superintendent of Freeport Sanatorium, gave an informative address on tuberculosis. Supper was served in the cafeteria, following which Professor Baker of the O.A.C. staff gave an illustrated address on Jamaica. Musical selections were contributed by Mrs. W. M. Drummond.

Guelph General Hospital:

The Alumnae Association recently presented the Hospital with a very fine water sterilizer for one of the service rooms on the second floor.

Miss Laurnette Featherstone (G.G.H.) has been appointed obstetrical supervisor at the Guelph General Hospital.

Miss Ellen Ewart (Hamilton General Hospital) has resigned her position as instructor of nurses in the Training School of the Guelph General Hospital in order to assume the position of superintendent of nurses at the Brow Sanitarium in Hamilton. Miss Christina Smallshaw, B. A. (Hamilton General Hospital) succeeds her as instructor of nurses. Miss Isabella N. Ray (G.G.H.) has been appointed operating room supervisor. Miss Ray came to Guelph from the Harper Hospital, Detroit.

Married: Recently, Miss Marion E. Wood (Guelph General Hospital) to Mr. Clayton McLeod.

Married: Recently, Miss Dorothy A. Pollock (Guelph General Hospital) to Mr. Harry H. Cooper.

AYR:

During the February meeting of Districts 2 and 3, R.N.A.O., at Guelph, a small group of public health nurses met for a few minute to discuss a gathering in the spring. It was decided to meet for supper on Saturday, May 6 at "The Old Mill", on Highway 24, south of Kitchener, in order to become better acquainted with the public health nurses from outlying districts and to discuss the desirability of having a separate meeting, from time to time, with a speaker. Any nurse who would like further information should communicate with Miss Minnie Hackett, public health nurse, Box 75, Ayr, Ontario.

DISTRICT 4

HAMILTON:

There was a large attendance at the thirteenth annual meeting of District 4, R.N.A.O. which was held recently at St. Joseph's Hospital, Hamilton. Miss Isobel MacIntosh presided and Miss Kathleen Russell, director of the School of Nursing of the University of Toronto, struck a note of encouragement for the future of nursing which was most helpful to all the nurses present. Reports were read from the different committees showing a great deal of activity throughout the district. It was decided to hold an extra meeting yearly which will follow closely after the Annual Provincial Meeting so the Provincial reports will

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get to the Districts within a reasonable length of time, and thus keep interest well sustained. Tea was delightfully served by the Sisters and nurses of St. Joseph's Hospital.

The election of officers resulted as follows: President, Miss Isobel MacIntosh, Hamilton; first vice-president, Miss Annie Boyd, Hamilton; second vice-president, Miss Mary Buchanan, Niagara Falls; secretary-treasurer, Miss Gladys Coulthart, 83 Balmoral South, Hamilton; chairman, private duty section, Miss Stella Murray, St. Catherines; chairman, public health section, Miss Oram, Welland; chairman, nursing education section, Miss Helen Brown, St. Catherines; councillors: Sister Monica, Hamilton; Miss Catherine Tierney, Hamilton; Miss Anne Wright, St. Catherines; Miss Dorothy Scott, Niagara Falls; Miss Constance Brewster, Hamilton; Miss Margaret Cameron, Hamilton.

District 6

Belleville:

A meeting of Chapter A, District 6, R.N.A.O., was held recently at the Belleville General Hospital, with Miss Bertram in the chair. Twenty members were present, and after the business meeting a talk on celiac disease was given by Dr. Harvie. As we are treating a patient suffering from this disease in the Hospital at present, it proved to be very interesting and instructive. The pupil nurses were invited to attend the lecture.

Peterborough:

The first meeting of the year of Chapter C, District 6, R.N.A.O., was held recently at the Nicholls Hospital, Peterborough, with Mrs. Rundle in the chair. A list of topics for discussion was received from Miss McLeod which was discussed and referred to the Rev. Sister Gonzaga, convener of nurse education. The resignation of Mrs. Leeson as convener of the Finance Committee was accepted with regret and Mrs. Taylor was elected by acclamation to serve in her place. Miss Young introduced the speaker of the evening, Miss Munroe, who gave an interesting picture of the Convention held at Halifax. As Miss Munroe is a Nova Scotian it was portrayed especially well and added much to the evening's enjoyment. A social hour followed.

District 7

Ontario Hospital, Kingston:

Miss Ethel Douglas, a member of the graduate staff, was entertained at tea recently in honour of her approaching marriage. A delightfully arranged staff dance was held recently.

Married: Recently, Miss Luella Waffle (O.H.K., 1937) to Mr. George Greenwood.

Married: Recently, Miss Ethel Douglas (O.H.K., 1932) to Mr. William Scrutton.

General Hospital, Kingston:

Married: Recently, Miss Barbara Elizabeth Heathcote (Kingston General Hospital, 1938) to Albert Edward Thoms, M.D.

District 8

Ottawa:

Ottawa Civic Hospital:

At the annual meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing, Miss Greta Wilson reviewed the educational, social and dramatic activities for the past year. In her financial report Miss Della Johnston assured the members that the publication of the monthly news bulletin had created great interest and accounted for many new members.

A report concerning the annual dance was given by the convener, Miss D. Moxley. Following the election of officers, Miss P. Thygesen of the physiotherapy department gave an interesting talk on the treatment of circulatory conditions by the use of the Pavax Boot. Dr. E. Couture, Director of Child and Maternal Hygiene, also addressed the meeting. Carefully prepared charts demonstrated the points of vital interest. The course the Government is taking to reduce the maternal and infant mortality rate in Canada was outlined. Miss Evelyn Pepper, retiring president, thanked the members and the executive for their helpful co-operation.

Officers for the ensuing year are as follows: Honourary president, Miss Gertrude M. Bennett; president, Miss Mayme Downey; first vice-president, Miss E. Webb; second vice-president, Miss E. Graydon; treasurer, Miss D. Johnstone; corresponding secretary, Miss M. Cameron; recording secretary, Miss G. Wilson; councillors: Miss G. Moorhead, Miss D. Moxley, Miss M. Graves, Miss G. Ferguson, Miss L. Gourlay; press correspondent, Miss G. Froats.

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District 10

Port Arthur:

A meeting of District 10, R.N.A.O., was held recently at the Port Arthur General Hospital with a good attendance. The chairman, Miss Dorothy Adams, gave a report on the Board of Directors meeting held in Toronto on January 10. Miss G. Giles advocated that more interest be taken in *The Canadian Nurse* and in canvassing for subscriptions. Miss C. Way-White of the Fort William Sanatorium was appointed convener.

The following officers will serve during the coming year: Chairman, Miss D. Adams, the Sanatorium, Fort William; vice-chairman, Miss E. Laine, Clinic Building, Port Arthur; secretary-treasurer, Miss J. Brown, McKellar Hospital, Fort William; councillors: Miss V. Belluz, Miss Hunter, Miss S. Luhtala; conveners: nursing education, Sister Melanie; private duty, Miss Todd; public health, Miss G. Young; membership, Miss D. Elliott, Miss M. Gillick; enlistment officer, Miss I. Morrison.

Fort William:

The Fort William Sanatorium recently opened a new wing with accommodation for eighty-four patients. Miss R. Elms (McK. G.H., 1927), Miss G. Patrick (McK.G.H., 1937), Miss A. Jackson (McK.G.H., 1938), Miss P. St. Jacques (St. Joes. P. A., 1937) and Miss M. McKay (Kenora G. H., 1937) were appointed to the staff.

Miss Margaret Scholes is taking the public health course at the University of Toronto while Miss Ruth Cameron is taking the course at the University of Western Ontario, London; both are of the 1937 class of McKellar General Hospital, Fort William.

Married: Recently, Miss Margaret McLeish (McK.G.H., 1937) to Mr. Herbert Gillman.

Married: Recently, Miss Helen Brown (McK.G.H., 1937) to Mr. Wright Phinney.

Married: Recently, Miss Mary Auld (McK.G.H., 1936) to Dr. Donald C. Marlatt.

Married: Recently, Miss Frances McLeod (McK.G.H., 1930) to Mr. Donald Lawrence.

PRINCE EDWARD ISLAND

Charlottetown:

Miss Mona Wilson, Director of Public Health, has arranged to give a series of lectures on this subject, which has been added to the curriculum of the Prince Edward Island Training Schools.

The graduate nurses of the Charlottetown Hospital recently held a tea for the School of Nursing. They have also formed a Book Club for the benefit of the patients while in Hospital. The Director of the P.E.I. Branch of the Carnegie Library is eager to co-operate and will supply books monthly.

"All roads lead to Montreal!" Miss Mary Gillis (C.H., 1937) and Miss Helen Wood (P.E.I., Hospital, 1930), having completed post-graduate courses at the Children's Memorial Hospital, are at present employed at St. Mary's Hospital and the Royal Victoria Hospital, respectively. Miss Marjorie Cox (P.E.I., 1929) is taking post-graduate work at the Children's Memorial Hospital. Miss Hattie MacLaine (P.E.I., 1931) is taking a course in communicable diseases at the Alexandra Hospital. Miss Anna Bennett (P.E.I., 1936) is attending the School for Graduate Nurses, McGill University, taking the course in teaching and supervision in schools of nursing. Miss Margaret McEachern (P.E.I., 1938) has completed a two months course at the Saint John Sanitorium and is now employed on the staff there.

QUEBEC

Montreal:

Homeopathic Hospital:

At a recent meeting of the Alumnae Association the following officers were elected

REMARKABLE EXPERIMENTS

At a London University a group of medical students volunteered to undergo scientific dietetic tests: one of the substances tested was BOVRIL.
The results were described in the *British Medical Journal*, Aug. 28, 1937: it was shown that BOVRIL increased the supply of gastric juice where there was deficiency and was proved to be "the most effective stimulant". BOVRIL, by facilitating digestion, enables full nourishment to be gained if BOVRIL is part of diet.

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Miss Muriel Bright and Miss M. Hayden left recently for a visit to the Bahamas. A Christmas letter was received from Miss Jessie Whitmore who is nursing at the South Inland Mission, Nigeria, Africa.

Royal Victoria Hospital:

At a recent meeting of the Alumnae Association, Mrs. Alan Fraser Grant was guest speaker, her subject being "The Near East". Moving pictures of the Cairo-Bagdad Highway were shown. At a later meeting, Mr. Whitfield Aston spoke on "The Wizard of Wessex", a criticism of the works of Thomas Hardy, the great English novelist, illustrated with readings from his books.

Miss Pauline Jones (R.V.H., 1937) has been appointed to the position of nurse and secretary to Dr. Oscar Gruner in his cancer research laboratory at McGill University. Miss Kilby Harding (R.V.H., 1935) has been appointed by the Trans-Canada Air Service as a hostess, and is in Winnipeg taking the preliminary course. Miss Mary McCarthy (R.V.H., 1937) has joined the Department of Rural Reconstruction, Co-operative Division with headquarters in St. Johns, Newfoundland.

Married: Recently, Miss Muriel Shuttleworth (R.V.H., 1932) to Dr. Max Ratner.

Montreal General Hospital:

Married: On February 25, 1939, Miss Janet Blair Duthie (M.G.H., 1938) to Mr. Carl T. Bischoff.

Married: On March 11, 1939, Miss Claribel Dunn (M.G.H., 1931) to Mr. Jack T. Shane.

SASKATCHEWAN

SASKATOON:

Saskatoon City Hospital:

Married: On December 1, 1938, Miss Marjorie Brace (Saskatoon City Hospital, 1937) to Dr. J. L. Coltart.

Married: On February 11, 1939, Miss Kathleen Stott (Saskatoon City Hospital, 1938) to Mr. Steven Tall.

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Under the pseudonym . . . of "Indignant Taxpayer" . . . a gentleman is lamenting . . . in the public press . . . that the plans for the Royal visit . . . seem to imply . . . that Their Majesties . . . will spend most of their time . . . on railway sidings . . . We don't think . . . that "Indignant Ratepayer" . . . knows his sidings . . . as well as we do . . . If and when . . . we are the proud possessor . . . of a Royal train . . . to carry us hither and yon . . . in the flowery month of May . . . we are going to spend a lot of time . . . on selected sidings . . . As yet we have never been able . . . to stay as long as we should like . . . at a siding called Jack Fish . . . Don't be put off by the name . . . this is the place . . . where you can look out . . . from the side of a sheer cliff . . . over the wide expanse of Lake Superior . . . A great black rock . . . thrusts out of the sapphire water . . . and above it . . . the lake gulls . . . wheel and scream . . . and seek their meat from God . . . After we have gazed our fill . . . we shall ask the engineer . . . to move on . . . to a curve on a hillside . . . just before you get to Hamilton . . . We went round this once . . . at fifty miles an hour . . . and all we got . . . was a fleeting glimpse . . . of a foam of apple blossom . . . against the cobalt blue . . . of Lake Ontario . . . The next port of call . . . would be Vancouver . . . preferably at dawn . . . when the snow on the manes of the Lions . . . is flushed with rose . . . We might even trespass . . . on the right of way . . . over a prosaic railway bridge . . . from which on a clear day . . . you can see Mount Baker . . . like a silver bubble . . . almost beyond the horizon . . . and yet so near . . . that you can pretend it is in Canada . . . though you know it isn't . . . Then turning eastward . . . we would traverse the country of the little lakes . . . until we came to one . . . with an Indian name . . . which means Lake of White Flowers . . . and when we reached it . . . we would sneak quietly . . . past the engineer . . . and get into a birchbark canoe . . . hidden in the reeds . . . Dipping our paddle very gently . . . we should make for an island . . . where even when there is no wind . . . the lake water splashes . . . on the golden sand . . . all night long . . . and supposing the train . . . should go away . . . and leave us there . . . it wouldn't matter . . . at all . . . Of course Their Majesties . . . will choose for themselves . . . but perhaps their train will pause . . . at a humble prairie siding . . . and they will escape . . . for a little while . . . from the crowds . . . and the tumult . . . and the shouting . . . The wild roses will be in bud . . . beside a trail . . . which leads straight into the sunset . . . and the silence will be so deep . . . that they will almost hear . . . the Earth itself . . . breathing . . . E. J.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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